



# Village of Canal Winchester

36 South High Street  
Canal Winchester, Ohio 43110

Planning and Zoning Department  
Phone (614) 837-7501 Fax (614) 837-0145

## FENCE PERMIT APPLICATION

rev. 6/21/2010

### PROPERTY OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Address of Subject Property \_\_\_\_\_

Attach a current plot map showing the location of the proposed fence along with an elevation of the proposed fence indicating the fence height. Additional information may be required to determine compliance with the Zoning Code by the Planning and Zoning Administrator.

**I certify that the information provided with this application is correct and accurate to the best of my ability.**

\_\_\_\_\_  
**Property Owner's or Authorize Agent's Signature**

\_\_\_\_\_  
**Date**

*DO NOT WRITE BELOW THIS LINE*

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fee: \$ \_\_\_\_\_  
Paid ☐

Historic District: \_\_\_\_ Yes \_\_\_\_ No

Preservation Area: \_\_\_\_ Yes \_\_\_\_ No

Date of Action: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Application \_\_\_\_ No

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved: \_\_\_\_ Yes

Tracking Number: ZCFP - \_\_\_\_\_

\_\_\_\_ Yes, with conditions;  
see Attachment